



**ARKANSAS MEDICAL DENTAL AND
PHARMACEUTICAL ASSOCIATION**
PO BOX 55104 | LITTLE ROCK, AR 72215
501.265.0156 | AMDPA.ORG

**Arkansas Medical Dental and Pharmaceutical Association
24th Annual Golf Tournament
Country Club of Arkansas-Maumelle
Friday, April 29, 2016
Entry Fee: \$1,600.00/Per Team for members only.
Registration Deadline: April 20, 2016**

Contact Name /Team Captain

Team Member Name

Address

Address

CITY ZIP

CITY ZIP

CONTACT PHONE NUMBER

BUSINESS PHONE NUMBER

Email Address

Email Address

TEAM MEMBER NAME

TEAM MEMBER NAME

ADDRESS

ADDRESS

CITY ZIP

CITY ZIP

BUSINESS PHONE NUMBER

BUSINESS PHONE NUMBER

Email Address: _____

Email Address: _____

_____ No, I will not have a team, but I will be a \$500 hole sponsor.

_____ Contribution (Specify Amount \$_____)



PAYMENT OPTIONS: Check Enclosed Visa Master Card American Express Discover Card

Account #: _____ Expiration Date: _____

Name As It Appears on Card: _____ CVV Code: _____

Billing Address: _____ Zip Code _____

Cardholder's Signature: _____

Registration begins at 12:00 a.m. - Shotgun Start at 1:30 p.m.

(Registration fee Includes lunch, cart, green fees and beverages on the course)